



# APPLICATION FOR GUARANTEED AUTO PROTECTION (GAP) PROGRAM

State Form 51819 (R/5-06)

Approved by State Board of Accounts, 2006

State of Indiana  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
30 South Meridian Street, Suite 300  
Indianapolis, IN 46204

DATE RECEIVED \_\_\_\_\_

LIC ID # \_\_\_\_\_ DFI ID # \_\_\_\_\_

INVOICE # \_\_\_\_\_ CHECK # \_\_\_\_\_

AMT. PD \_\_\_\_\_ BAL. DUE \_\_\_\_\_

**ATTACH APPLICATION FEE CHECK HERE**

## GAP ADMINISTRATOR INFORMATION

Name

Address (*Number and Street*)

City, State, Zip Code

Contact Person

Telephone Number

Fax Number

## CONTRACTUAL LIABILITY INFORMATION

**ATTACH A COPY OF THE INDIANA DEPARTMENT OF INSURANCE FILE STAMPED COPY OF CONTRACTUAL LIABILITY POLICY.**

Name

Address (*Number and Street*)

City, State, Zip Code

Telephone Number

Fax Number

## ACKNOWLEDGMENT

The applicant executed this application on \_\_\_\_\_ and acknowledges that all statements made herein and supporting schedules, to the best of my/our knowledge and belief, are true and is a true and complete statement in accordance with the law.

Signature of Applicant

By:

Title

Print or Type in Name of Signature

E-Mail Address